

Screening

Lipid Disorders in Adults

U.S. Preventive Services Task Force
Update, 2001 Release

Summary of Recommendations

- **The U.S. Preventive Services Task Force (USPSTF) strongly recommends that clinicians routinely screen men aged 35 years and older and women aged 45 years and older for lipid disorders and treat abnormal lipids in people who are at increased risk of coronary heart disease. [A recommendation](#).**

Rationale: The USPSTF found good evidence that lipid measurement can identify asymptomatic middle-aged people at increased risk of coronary heart disease and good evidence that lipid-lowering drug therapy substantially decreases the incidence of coronary heart disease in such people with abnormal lipids and causes few major harms. The USPSTF concludes that the benefits of screening for and treating lipid disorders in middle-aged and older people substantially outweigh harms.

- **The USPSTF recommends that clinicians routinely screen younger adults (men aged 20 to 35 and women aged 20 to 45) for lipid disorders if they have other risk factors for coronary heart disease. (Go to [Clinical Considerations](#) for discussion of risk factors.) [B recommendation](#).**

Rationale: The USPSTF found good evidence that lipid measurement can identify younger people at increased risk for coronary heart disease, that risk is highest in those with other risk factors, and that the absolute benefits of lipid-lowering treatment depend on a person's underlying risk of coronary heart disease. The USPSTF concludes that benefits of screening for and treating high-risk young adults outweigh harms.

- **The USPSTF makes no recommendation for or against routine screening for lipid disorders in younger adults (men aged 20 to 35 or women aged 20 to 45) in the absence of known risk factors for coronary heart disease. [C recommendation](#).**

Rationale: The USPSTF found good evidence that lipid measurement in low-risk young adults can detect some individuals at increased long-term risk of heart disease, but the absolute reduction in risk as a result of treating dyslipidemia in most people is small before middle age. Fair evidence suggests that a substantial proportion of the benefits of treatment may be realized within 5 years of initiating therapy. The USPSTF concludes the net benefits of screening for lipid disorders in low-risk young people are not sufficient to make a general recommendation.

- **The USPSTF recommends that screening for lipid disorders include measurement of total cholesterol (TC) and high-density lipoprotein cholesterol (HDL-C). [B recommendation](#).**

Rationale: The USPSTF found good evidence that measurement of HDL-C along with TC improves the identification of people at increased risk of cardiovascular disease. Good evidence from randomized trials demonstrates that people with low HDL-C without high TC benefit from treatment.

- **The USPSTF concludes that the evidence is insufficient to recommend for or against triglyceride measurement as a part of routine screening for lipid disorders. [I recommendation](#).**

Rationale: Evidence that elevated triglyceride level is an independent risk factor for heart disease is conflicting, and prospective data are lacking to determine whether including triglyceride is more effective for screening than simply measuring TC and HDL-C.

- **REFERENCE:** <http://www.ahrq.gov/clinic/uspstf/uspschol.htm>

[*Guide to Clinical Preventive Services, 3rd Edition: Periodic Updates*](#)

Screening for Lipid Disorders in Adults, 2001

[Recommendations and Rationale \(PDF file, 68 KB\)](#)

[Summary of Evidence \(PDF file, 122 KB\)](#)

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